

## Permission to Publish/Author Details

Name:

(NOTE: All submissions will be printed as *Author Anonymous*)

Phone:

Email:

Age:

Location (optional): Suburb/State

Please indicate the nature of your lived experience

Experience suicidal thoughts

Survived a suicide attempt

Cared for someone through a suicidal crisis

Bereaved by suicide

Describe your association with Roses in the Ocean (if any):

Why did you decide to participate in this project?

I am happy to be contacted by Roses in the Ocean to provide additional information about my lived experience or myself.

I \_\_\_\_\_, give permission for Roses in the Ocean to publish my submission. I understand that my submission be printed as Author Anonymous and no reference will be made to my identity. I understand that I will be contacted by Roses in the Ocean if my submission is to be used for any other purpose other than that specified in this document.

SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_